



Robert & Marjorie Zander Memorial Scholarship Application

Instructions for Scholarship Application

1. The attached application is to be used for the **Robert & Marjorie Zander Memorial Scholarship** offered through the Tuscola County Community Foundation. **Four (4) \$2,000 scholarships are available to be awarded to senior students graduating from Cass City High School who plan to pursue post-secondary education, have maintained excellent citizenship standards and demonstrated financial need. The scholarship award will be distributed to the post-secondary school.**
2. Applications and required attachments must be **postmarked on or before March 15, 2026**:

**Tuscola County Community Foundation
Robert & Marjorie Zander Memorial Scholarship
P.O. Box 534
Caro, MI 48723**

3. Applications are to be typed or legibly printed in ink and must be signed by applicant. Unsigned applications will not be considered.
4. **Submit the application, one official high school transcript, letter(s) of recommendation and essay. All submitted materials must be single-sided and unstapled.**
5. Three (3) letters of recommendation must be submitted. References should address the applicant's citizenship characteristics.
6. Attach to the application an essay (not to exceed two (2) typed pages, double-spaced, 12-point font, single-sided and not stapled) addressing the following:
 - Why do you merit this award?
 - What person or situation had the greatest impact on your life? Explain.
 - What do you expect to be doing in five to eight years?
Keep your education and career goals in mind.

Tuscola County
community foundationSM

For good. For ever.[®]

Robert & Marjorie Zander Memorial Scholarship

APPLICANT INFORMATION

Name: _____
Last _____ First _____ Middle _____

Permanent Address: _____
Street _____ City _____ State _____ Zip _____

Date of Birth: _____ Email: _____

Telephone: _____ Tuscola County Resident: _____ Yes _____ No _____

List your grade point average using a 4-pt. scale: _____ ACT / SAT Score: _____

High School: _____ Graduation Date: _____

FAMILY INFORMATION

Name of parent/guardian: _____ Occupation: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Name of parent/guardian: _____ Occupation: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Post-secondary school you are planning to attend: _____

Full-time student? _____ Yes _____ No _____ If no, number of credits: _____

Major field of study: _____

How is your post-secondary education being financed? _____

Please list scholarships applied for: _____

Please list scholarships granted and amounts: _____

SCHOOL & COMMUNITY ACTIVITIES

Using only the space below, list extracurricular, community and religious activities in which you have participated during the past 4 years. **Please list them in order of importance to you.**

WORK EXPERIENCE

Using only the space below, please list your paid work experience during the past four years, beginning with your most recent positions.

| Employer | Nature of Work | Dates of Employment | Hrs./Week |
|----------|----------------|---------------------|-----------|
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CERTIFICATION

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge. I consent to having my name and image likeness included in public/media releases. If under 18, parent/guardian must also sign.

Applicant's Signature

Date

Parent/Guardian Signature (if applicable)

Date